

Board of Health Meeting - Tuesday, November 25, 2014 7:00 p.m.
116 Main Road, Tyringham

Pledge of Allegiance was recited.

Board members present - Christopher Johnson and Gerard Miller.
Others present - Molly Curtin-Schaefer. See attached list.

Mail was read, and previous minutes were signed.

The Commonwealth of Massachusetts, Executive Office of Health and Human Services, Dept. of Public Health in Boston sent the Board a memo with the statistics for the Cancer Incidence in Tyringham. (see attached) The full report is posted on www.mass.gov/dph/mcr

The Commonwealth of Massachusetts, Executive Office of Health and Human Services, Dept. of Public Health, in Jamaica Plain, MA sent the Board a "Key Indicator Report". This report is the infectious Disease Surveillance Evaluation for Tyringham. (see attached report)

Molly to check with Larry Gould for the air quality test for the school house.

The Board continues to be updated on the Ebola virus situation via public health weekly conference calls.

Meeting adjourned at 7:03 p.m.

Absent

Peter Curtin, Chairman

[Signature]

Chris Johnson, Clerk

[Signature]

Gerard Miller, Member

Tuesday, November 25, 2014

Board of Health + Board of Selectmen

Time

Name:

Terry Palmer
Don Bunting
~~Anna Hensala~~
Noah Choquette

Peter Shaffer
Jim Carter

48 Cooper Creek



DEVAL L. PATRICK
GOVERNOR

JOHN W. POLANOWICZ
SECRETARY

CHERYL BARTLETT, RN
COMMISSIONER

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
William A. Hinton State Laboratory Institute
305 South Street, Jamaica Plain, MA 02130

Bureau of Infectious Disease
Office of Integrated Surveillance and Informatics Services
Tel: (617) 983-6801
Fax: (617) 983-6813

www.mass.gov/eohhs/gov/departments/dph/programs/id/isis

Date: October 14, 2014
To: Local Boards of Health
From: Gillian A. Haney, Director
Re: Key Indicator Reports

The Infectious Disease Surveillance Evaluation

In the fall of 2013, the Bureau of Infectious Disease sent all local boards of health the first round of the Key Indicator Reports (these reports can be found attached to each town's Communication event in MAVEN) and are now following up with the second distribution that includes data from 2010-2013.

What is in the summary and what the row and column headings mean

- only non-revoked events (i.e. suspect, probable, confirmed) are included.
- if your town did not have any non-revoked events of a particular disease during the review period, you will not see that disease listed with results.
- diseases, such as Lyme Disease and Hepatitis C, that rely on clinicians to complete the case report form have not been included in the report.
- state-wide data have also been included for comparison purposes.

On the left side of the main view, you will see three categories of priority: **Immediate and Routine**. When you click on **Immediate or Routine**, you are brought to the results for each priority category. **Click on specific data points** to arrive at a line list of the MAVEN event IDs.

You will see the following columns:

- The **Total Events** column.
- The **Completeness of Key Indicators** column: MDPH BID identified a **subset of variables** that are absolutely essential for CDC reporting requirements, case classification, disease control, and analysis of trends.
- The **Lost to Follow-up** variable is based solely on whether or not that variable has been completed in the administrative question package in MAVEN.

We hope you find these reports useful and welcome any suggestions for improvement. If you have questions or comments, please call the main ISIS number at **617-983-6801** or email us at ISISHelp@MassMail.State.MA.US.

MDPH Disease Surveillance Evaluation - Data as of: 01JUN2014
Surveillance Summary - By Disease Priority - TYRINGHAM

			Completeness of Key Indicators		Lost to Follow-Up?	
Disease Priority	Event Year	Total Events	#	%	#	%
<u>Routine</u>	2010	1	1	100%	0	0.0%
	2011	1	0	0%	0	0.0%
	Total	2	1	50%	0	0.0%
All Diseases	All Years	2	1	50%	0	0.0%

Immediate Diseases: GAS,HEPA,LIST,MEAS,MUMPS,NMEN,RUB,TB_ACTIVE,TUL

Routine Diseases:

AMEB,BAB,CALI,CAMP,CHOL,CRYPT,CYCLO,EEE,EHR,ENCEP,ENTRO,GIAR,HFLU,HGA,HUS,LEG,LEP,MAL,PERT,RMSF,SAL,SHIG,SP,STEC,TRICH,WNI,YER

MDPH Disease Surveillance Evaluation - Data as of: 01JUN2014
Surveillance Summary - By Disease Priority - Statewide

			Completeness of Key Indicators		Lost to Follow-Up?	
Disease Priority	Event Year	Total Events	#	%	#	%
Immediate	2010	673	487	72%	38	5.6%
	2011	748	530	71%	52	7.0%
	2012	684	526	77%	34	5.0%
	2013	774	496	64%	49	6.3%
	Total	2879	2039	71%	173	6.0%
Routine	2010	5951	1707	29%	746	12.5%
	2011	6420	2915	45%	918	14.3%
	2012	6772	3599	53%	1135	16.8%
	2013	6685	3726	56%	824	12.3%
	Total	25828	11947	46%	3623	14.0%
All Diseases	All Years	28707	13986	49%	3796	13.2%

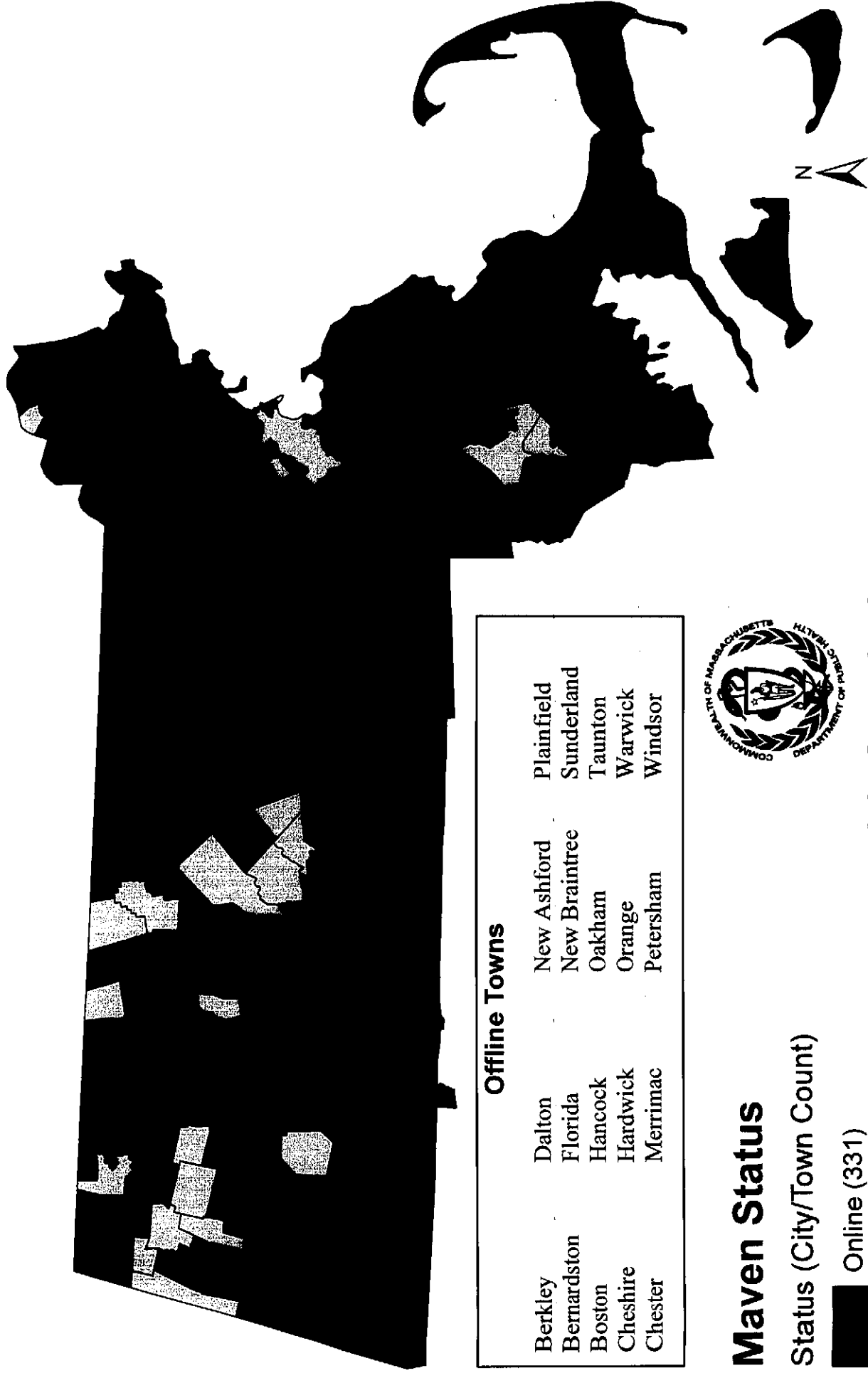
Immediate Diseases: GAS,HEPA,LIST,MEAS,MUMPS,NMEN,RUB,TB_ACTIVE,TUL

Routine Diseases:

AMEB,BAB,CALI,CAMP,CHOL,CRYPT,CYCLO,EEE,EHR,ENCEP,ENTRO,GIAR,HFLU,HGA,HUS,LEG,LEP,MAL,PERT,RMSF,SAL,SHIG,SP,STEC,TRICH,WNI,YER

Massachusetts MAVEN Status Map

By Town
updated 10/24/2014



Offline Towns

Berkley	Dalton	New Ashford	Plainfield
Bernardston	Florida	New Braintree	Sunderland
Boston	Hancock	Oakham	Taunton
Cheshire	Hardwick	Orange	Warwick
Chester	Merrimac	Petersham	Windsor

Maven Status

Status (City/Town Count)

Online (331)

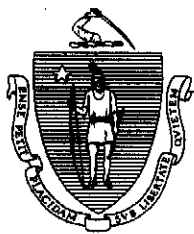
Offline (20)



maven
MASSACHUSETTS VIRTUAL EPIDEMIOLOGIC NETWORK

1 inch = 18 miles

Bureau of Infectious Disease
Office of Integrated Surveillance & Informatic Services
Scott Troppy, MAVEN Project Manager



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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www.mass.gov/dph

TO: Boards of Health

FROM: Susan T. Gershman, MPH, PhD, CTR *SG*
Director
Massachusetts Cancer Registry

DATE: November 19, 2014

RE: Cancer Incidence in Massachusetts, 2006-2010, City and Town Supplement

On Tuesday, November 18th, the Massachusetts Cancer Registry (MCR) of the Massachusetts Department of Public Health (MDPH) sent you a memo to inform you of the release of its report Cancer Incidence in Massachusetts, 2006-2010, City and Town Supplement. Unfortunately, the page with the statistics for your city or town was inadvertently omitted from the packet, so it is included here. Please accept my sincere apologies for this oversight.

Just a reminder that this report will be published in an electronic version only and will be posted on the Department of Public Health's web site at www.mass.gov/dph/mcr December 1, 2014.

If you have any questions, please don't hesitate to call me at (617)624-5646.

Tyringham

Observed and Expected Case Counts, with Standardized Incidence Ratios, 2006-2010

	Obs	Exp	SIR	95% CI		Obs	Exp	SIR	95% CI
Bladder, Urinary					Melanoma of Skin				
Male	0	0.8	nc	(nc-nc)	Male	1	0.5	nc	(nc-nc)
Female	0	0.2	nc	(nc-nc)	Female	1	0.3	nc	(nc-nc)
Brain and Other Nervous System					Multiple Myeloma				
Male	0	0.1	nc	(nc-nc)	Male	0	0.1	nc	(nc-nc)
Female	0	0.1	nc	(nc-nc)	Female	0	0.1	nc	(nc-nc)
Breast					Non-Hodgkin Lymphoma				
Male	0	0.0	nc	(nc-nc)	Male	1	0.4	nc	(nc-nc)
Female	2	2.1	nc	(nc-nc)	Female	0	0.3	nc	(nc-nc)
Cervix Uteri					Oral Cavity & Pharynx				
Female	0	0.1	nc	(nc-nc)	Male	1	0.3	nc	(nc-nc)
Colon / Rectum					Female	0	0.1	nc	(nc-nc)
Male	1	0.9	nc	(nc-nc)	Ovary				
Female	0	0.6	nc	(nc-nc)	Female	0	0.2	nc	(nc-nc)
Esophagus					Pancreas				
Male	0	0.2	nc	(nc-nc)	Male	1	0.3	nc	(nc-nc)
Female	0	0.0	nc	(nc-nc)	Female	0	0.2	nc	(nc-nc)
Hodgkin Lymphoma					Prostate				
Male	0	0.0	nc	(nc-nc)	Male	5	3.4	146.0	(47.0-340.6)
Female	0	0.0	nc	(nc-nc)	Stomach				
Kidney & Renal Pelvis					Male	1	0.2	nc	(nc-nc)
Male	0	0.4	nc	(nc-nc)	Female	0	0.1	nc	(nc-nc)
Female	0	0.2	nc	(nc-nc)	Testis				
Larynx					Male	0	0.0	nc	(nc-nc)
Male	0	0.1	nc	(nc-nc)	Thyroid				
Female	0	0.0	nc	(nc-nc)	Male	0	0.1	nc	(nc-nc)
Leukemia					Female	0	0.3	nc	(nc-nc)
Male	0	0.3	nc	(nc-nc)	Uteri Corpus and Uterus, NOS				
Female	0	0.1	nc	(nc-nc)	Female	1	0.5	nc	(nc-nc)
Liver and Intrahepatic Bile Ducts					All Sites / Types				
Male	0	0.2	nc	(nc-nc)	Male	13	10.9	119.3	(63.5-204.1)
Female	0	0.1	nc	(nc-nc)	Female	4	7.1	nc	(nc-nc)
Lung and Bronchus									
Male	2	1.5	nc	(nc-nc)					
Female	0	1.1	nc	(nc-nc)					

- Obs = observed case count; Exp = expected case count;
- SIR = standardized incidence ratio (Obs / Exp) X 100;
- 95% CI = 95% confidence intervals, a measure of the statistical significance of the SIR;
- **Shading** indicates the statistical significance of the SIR at 95% level of probability;
- nc = The SIR and 95% CI were not calculated when Obs < 5;



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TO: Boards of Health

FROM: Susan T. Gershman, MPH, PhD, CTR *et al*
Director
Massachusetts Cancer Registry

DATE: November 18, 2014

RE: Cancer Incidence in Massachusetts, 2006-2010, City and Town Supplement

I am writing to inform you that the Massachusetts Cancer Registry (MCR) of the Massachusetts Department of Public Health (MDPH) is releasing its report Cancer Incidence in Massachusetts, 2006-2010, City and Town Supplement. Please note that this report will be published in an electronic version only and will be posted on the Department of Public Health's web site at www.mass.gov/dph/mcr December 1, 2014. If you are interested in further supplement data prior to the posting, please contact the registry directly at the telephone number listed below. Please note that there is no embargo on these data and they may be released prior to the web posting date.

The 2006-2010 City and Town Supplement updates the 2005-2009 City and Town Supplement. For each city and town, this report provides expected case counts, observed case counts, standardized incidence ratios, and confidence intervals for 23 types of cancer and for all cancers combined. The confidence intervals indicate if there is a statistically significant difference (excess or deficit) between the observed and expected counts.

We are providing you with the following pieces of information in advance of the report's Internet release.

1. The introduction to the report, including an explanation of standardized incidence ratios.
2. The cancer incidence data for your town (i.e. for 23 cancer types and all cancers combined).
3. Appendix II includes selected resources for information on cancer.
4. Appendix III includes MDPH Cancer Prevention and Control Initiatives.
5. For cancer risk factors, please check the following websites: American Cancer Society: www.cancer.org; National Cancer Institute: www.cancer.gov

INTRODUCTION

Content

The purpose of this report is to provide an estimate of cancer incidence for each of the 351 cities and towns of Massachusetts for the five-year time period 2006 through 2010. For each city and town, Standardized Incidence Ratios (SIRs) are presented for twenty-three types of invasive cancer and for all invasive cancer types combined. These ratios compare the cancer incidence experience of each city or town with the cancer experience of the state as a whole. The method involves comparing the number of cases that were observed for a city or town to the number of cases that would be expected if the city or town had the same cancer rates as the state as whole. The report is organized into the following sections:

METHODS provides a detailed explanation of the data collection, data processing, and statistical techniques employed in this report.

TABLES present data for selected types of cancer by city/town and sex.

APPENDIX I provides a listing of *International Classification of Diseases for Oncology* codes used in the preparation of this report.

APPENDIX II provides a listing of risk factors for selected cancer types and a listing of the individuals who reviewed the risk factor list.

APPENDIX III describes the Massachusetts Department of Public Health's current cancer control initiatives, and provides links to bureaus within the department that address some aspect of cancer. Links to resources for publications are also provided.

Comparison with Previous Reports

This report updates previous annual reports published by the Massachusetts Cancer Registry (MCR). It is available on line at <http://www.mass.gov/dph/mcr>. For questions about the report, contact the MCR at:

Massachusetts Cancer Registry
Office of Data Management and Outcomes Assessment
Massachusetts Department of Public Health
250 Washington Street, 6th floor
Boston, MA 02108-4619
telephone 617-624-5642; fax 617-624-5695

The preceding report, *Cancer Incidence in Massachusetts 2005-2009: City and Town Supplement*, included data for diagnosis years 2005 through 2009. This report contains data for the diagnosis years 2006 through 2010. There have been no changes in this report's format from the previous report.

residence. The numbers presented in this report may change slightly in future reports, reflecting late reported cases or corrections based on subsequent details from the reporting facilities. Such changes might result in slight differences in numbers and rates in future reports of MCR data, reflecting the nature of population-based cancer registries that receive case reports on an ongoing basis.

Massachusetts cancer cases presented in this report are primary cases of cancer diagnosed among Massachusetts residents during 2006-2010. The Massachusetts data presented include invasive cancers only (except cancer of the urinary bladder, where *in situ* cancers are also included). Invasive cancers have spread beyond the layer of cells where they started and have the potential to spread to other parts of the body. *In situ* cancers are neoplasms diagnosed at the earliest stage, before they have spread, when they are limited to a small number of cells and have not invaded the organ itself. Typically, published incidence rates do not combine invasive and *in situ* cancers due to differences in the biologic significance, survival prognosis and types of treatment of the tumors. Cancer of the urinary bladder is the only exception, due to the specific nature of the diagnostic techniques and treatment patterns.

Presentation of Data

Each city and town in Massachusetts is listed alphabetically in the **TABLES** section. The observed number of cases, the expected number of cases, the standardized incidence ratios, and 95% confidence intervals are presented for twenty-three main types of cancer and for all cancer types combined. The "all cancers combined" category includes the twenty-three main types presented in this report and other malignant neoplasms. This category is meant to provide a summary of the total cancer experience in a community. As different cancers have different causes, this category does not reflect any specific risk factor that may be important for this community.

Observed and Expected Case Counts

The *observed* case count (**Obs**) for a particular type of cancer in a city/town is the actual number of newly diagnosed cases among residents of that city/town for a given time period.

A city/town's *expected* case count (**Exp**) for a certain type of cancer for this time period is a calculated number based on that city/town's population distribution² (by sex and among eighteen age groups) for the time period 2006-2010, and the corresponding statewide average annual age-specific incidence rates. The population data for the 2006 to 2010 period was calculated by adding 2005 city and town data with 2010 city and town data, dividing by two, and multiplying by five.

Standardized Incidence Ratios

A Standardized Incidence Ratio (SIR) is an indirect method of adjustment for age and sex that describes in numerical terms how a city/town's cancer experience in a given time period compares with that of the state as a whole.

- An SIR of *exactly 100* indicates that a city/town's incidence of a certain type of cancer is *equal to that expected* based on statewide average age-specific incidence rates.
- An SIR of *more than 100* indicates that a city/town's incidence of a certain type of cancer is *higher than expected* for that type of cancer based on statewide average annual age-specific incidence rates. For example, an SIR of 105 indicates that a city/town's cancer incidence is 5% higher than expected based on statewide average annual age-specific incidence rates.

Example of Calculation of an SIR and Its Significance

$$SIR = \frac{\text{OBSERVED CASES}}{\text{EXPECTED CASES}} \times 100$$

The following example illustrates the method of calculation for a hypothetical town for one type of cancer and one sex for the years 2004-2008:

Age Group	<u>Town X</u> Population (A)	<u>State</u> Age-Specific Incidence Rate (B)	<u>Town X</u> Expected Cases (C)=(A)x(B)	<u>Town X</u> Observed Cases (D)
00-04	74,657	0.0001	7.47	11
05-09	134,957	0.0002	26.99	25
10-14	54,463	0.0005	27.23	30
15-19	25,136	0.0015	37.70	40
20-24	17,012	0.0018	30.62	30
UP TO 85+	6,337	0.0010	6.34	8
Total:			136.35	144

$$SIR = \frac{\text{Observed Cases}}{\text{Expected Cases}} \times 100 = \frac{(\text{column D total})}{(\text{column C total})} \times 100 = \frac{144}{136.35} \times 100 \approx 106$$

Thus the SIR for this type of cancer in Town X is 106, indicating that the incidence of this cancer in Town X is 6% higher than the corresponding statewide average incidence for this cancer. However, the range for the 95% confidence interval (89.1-124.3) (calculation not shown) indicates that the true value may be as low as 89.1 or as high as 124.3. Also, since the range includes the value 100, it means that the observed number of cases is *not statistically significantly higher or lower* than what is expected.

Whenever the number of observed cases is less than five, the corresponding SIR is neither calculated nor tested for statistical significance. This is indicated with an (nc) ("not calculated"). However, the number of observed and expected cases is shown in these circumstances.

Notes about Data Interpretation

The SIR is a useful indication of the disease categories that have relatively high or low rates for a given community. These statistics, however, should be used with care. Such statistics provide a starting point for further research and investigation into a possible health problem, but they do not by themselves confirm or deny the existence of a particular health problem. Many factors unrelated to disease causation may contribute to an elevated SIR, including demographic factors, changes in diagnostic techniques, and changes in data collection or recording methods over time, as well as the natural variation in disease occurrence.

City/Town Misassignment

In accordance with standard central cancer registry procedures, each case reported to the MCR ideally should be assigned to the city/town in which the patient lived at the time of diagnosis, based on the address provided by the reporting hospital. In practice, however, a patient may provide the hospital with his/her mailing address (e.g., a post office box located outside the patient's city/town of residence); a business address; a temporary address (e.g., the patient is staying with a relative while receiving treatment and reports the relative's address as his/her own); or a locality or post office name (e.g., "Chestnut Hill" rather than "Boston," "Brookline," or "Newton"). In addition, if a patient has moved since being diagnosed, the hospital may report the patient's current address. Because of the large number of cases reported to the MCR, and because data are reported to the MCR via electronic media, most city/town case assignments are performed by an automated computer process. This simplified matching process may misassign some cases based on the reported locality name. When MCR staff become aware of such misassignments, they manually correct the errors. Furthermore, in order to minimize such errors, cases from fifty geographic localities prone to city/town misassignment are reviewed manually.

Small Numbers of Cases

Standardized incidence ratios based on small numbers of cases result in estimates that are very unstable. This situation is common when the population of a city or town is small or if the particular cancer type is rare. SIRs and statistical significance are not calculated when the number of observed cases for a specific category is less than five. In these instances, the observed and expected cases are presented in the tables for qualitative comparison only.

APPENDIX III: MDPH CANCER PREVENTION AND CONTROL INITIATIVES

The Massachusetts Department of Public Health is working to reduce the incidence and mortality of cancer in the Commonwealth. Partnerships between MDPH programs, researchers, healthcare providers and nonprofit organizations collect information about cancer, lead quality improvement projects, coordinate evidenced-based workshops for managing living with chronic disease (including cancer), provide education for health professionals and bring shared messages to the public. Our collaborated efforts focus on reducing cancer risk, incidence and mortality through healthy lifestyles, early diagnosis, and increased access to care. The Department's programs address the impact of tobacco, alcohol, nutrition, and physical activity on cancer prevention, along with environmental and occupational hazards for cancer. Throughout all of our efforts there is an emphasis on reducing disparate health outcomes and unequal access to cancer care.

MDPH Bureaus and Programs:

Bureau of Environmental Health, www.mass.gov/dph/environmental_health

Bureau of Substance Abuse Services, www.mass.gov/dph/bsas

Comprehensive Cancer Prevention and Control Program, www.mass.gov/compccancer

Men's Health/Women's Health/Care Coordination Program

Tobacco Cessation and Prevention Program, www.mass.gov/dph/mtcp

Occupational Health Surveillance Program, www.mass.gov/dph/ohsp

Office of Healthy Aging, www.mass.gov/dph/healthyaging

Oral Health Program, www.mass.gov/dph/oralhealth

Division of Prevention and Wellness www.mass.gov/dph/healthpromotion

MDPH publications on cancer prevention and screening are available at the Massachusetts Health Promotion Clearinghouse, www.maclclearinghouse.com.

Massachusetts Cancer Registry Publications are available through the Massachusetts Cancer Registry, telephone: 617-624-5642 and on the web at www.mss.gov/dph/mcr.